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CONFIRMATION NO. 4572

<b>SERIAL NUMBER</b> 09/977,930	<b>FILING OR 371(c) DATE</b> 10/11/2001 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 560.09-US1
<b>APPLICANTS</b> Michael Poirier, Vista, CA; Vijay K. Mahant, Murrieta, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/949,314 09/07/2001 PAT 6,821,790 which is a CIP of 09/514,686 02/28/2000 PAT 6,291,249 which is a CIP of 09/261,068 03/02/1999 ABN <i>all</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none all</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/13/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>all</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 34284				
<b>TITLE</b> Semi-continuous blood separation using magnetic beads				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	